

29-Jun-04 11:34

From-HENKEL CORPORATION PATENT DEPT,

6102786548

T-587 P.01/08 F-810

**Henkel Corporation  
Law Department**

**Privileged and Confidential**

TO:

FROM

Name: Commissioner for Patents  
Location: Office of Initial Patent Exam.  
Mail Stop Missing Parts

Name: Glenn E. J. Murphy  
Location: 2200 Renaissance Blvd.  
Gulph Mills, PA 19406

Fax No. 703-746-4060

Date: June 29, 2004

NUMBER OF PAGES 8 INCLUDING THIS COVER PAGE

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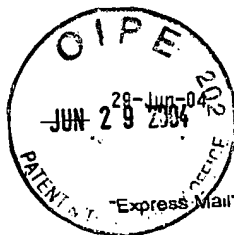
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\*\*\*\*\*

**DOCKET NO. H 5416 PCT/US**

RE: Raehse et al.

Application No. 10/821,165

- 
- Response to Notice to File Missing Parts of Nonprovisional Application (2 pages)
  - Executed Declaration (3 pages)
  - Copy of Notice to File Missing Parts of Nonprovisional Application (2 pages)



1:34

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PTO/SB/01 (6-95)

Approved for use through 10/31/98 OMB 0651-0032

Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box - ☐0010/PTO  
Rev. 6/95U.S. Department of Commerce  
Patent and Trademark Office**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**☐ Declaration  
Submitted  
with Initial Filing

OR

☒ Declaration  
Submitted after  
Initial FilingAttorney Docket  
Number

H 5416 PCT/US

First Named  
Inventor

Raehse et al.

**COMPLETE IF KNOWN**

Application Number

10/821,165

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below)

of the subject matter which is claimed and for which a patent is sought on the invention entitled

**WASHING, RINSING OR CLEANING PRODUCTS IN PORTIONS IN FLEXIBLE WATER  
SOLUBLE CONTAINERS**

(Title of the Invention)

the specification of which  
☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/06/2002

as United States Application Number or PCT International

Application Number

PCT/EP02/09970

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) or any PCT international application which designated at least one country other than the United States or America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
101 49 718 0	Germany	10/09/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

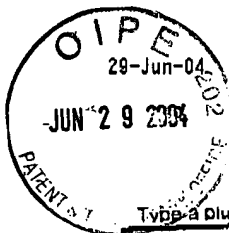
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional  
application numbers  
are listed on a  
supplemental priority  
sheet attached hereto

Burden Hour Statement. This form is estimated to take 4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

Page 1



29-Jun-04 11:34

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T-587 P.05/08 F-810

H 5416 PCT/US

Type a plus sign (+) inside this box +

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP02/09970	09/06/2002	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name		Customer Number	or label	
OR				

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Stephen D. Harper	33,243		
Glenn E. J. Murphy	33,539		
Steven C. Bauman	33,832		
Gregory M. Hill	31,369		
Mary K. Cameron	34,789		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to	<input checked="" type="checkbox"/> Customer Number	or label	00423	OR	<input type="checkbox"/> Fill in correspondence address below
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Name			
Address			
Address			
City	State	Zip	
Country	Telephone	610-278-4926	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Wilfried	Middle Initial		Family Name	Raehse	Suffix e.g. Jr	
Inventor's Signature	<i>Wilfried Raehse</i>				Date	28-April-2004	
Residence City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Bahnenstrasse 168						
Post Office Address							
City	40589 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Page 2



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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet														
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name		Sandra			Middle Initial					Family Name		Hoffmann			Suffix e.g. Jr.									
Inventor's Signature		<i>Sandra Hoffmann</i>								Date		June 22 <sup>nd</sup> , 04												
Residence: City		Muenchen			State					Country		Germany			Citizenship		Germany							
Post Office Address		Theresiennoche 10																						
Post Office Address																								
City		80339 Muenchen			State					Zip					Country		Germany			Applicant Authority				
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name					Middle Initial					Family Name					Suffix e.g. Jr.									
Inventor's Signature										Date														
Residence: City					State					Country					Citizenship									
Post Office Address																								
Post Office Address																								
City					State					Zip					Country					Applicant Authority				
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name					Middle Initial					Family Name					Suffix e.g. Jr.									
Inventor's Signature										Date														
Residence: City					State					Country					Citizenship									
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City					State					Zip					Country					Applicant Authority				
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name					Middle Initial					Family Name					Suffix e.g. Jr.									
Inventor's Signature										Date														
Residence: City					State					Country					Citizenship									
Post Office Address																								
Post Office Address																								
City					State					Zip					Country					Applicant Authority				
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor														
Given Name					Middle Initial					Family Name					Suffix e.g. Jr.									
Inventor's Signature										Date														
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<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																								